



ROCKEFELLER COLLEGE
OF PUBLIC AFFAIRS & POLICY

UNIVERSITY AT ALBANY
State University of New York

Department of Public Administration and Policy

PERMISSION TO CHANGE ACADEMIC ADVISOR

Student's Name: _____

Current Advisor: _____

New Advisor: _____

New Advisor Signature: _____

Student's Signature: _____

Date: _____

Please return this form to the Department Secretary in Milne 101.

A copy of this form should be placed in the student's file